2006–2007

Saskatchewan

Provincial Budget

Performance Plan

KidsFirst Strategy

2007-00008

Ministers' Message

It is our pleasure to present the Performance Plan for the *KidsFirst* Program for 2006-07 and beyond, building on the work undertaken in 2004-05 and 2005-06. For the upcoming year, we will continue to dedicate our energy to our most valuable resources, our youngest residents.

Children are our most precious resource. Research consistently shows that the quality of experiences that children have early in life are critical to their long-term success and happiness. The *KidsFirst* Program objectives clearly support the Province's priorities outlined in the fall 2005 Throne Speech. The Government of Saskatchewan is committed to providing our province's vulnerable young children, and their families, with the support and encouragement they need to thrive.

The *KidsFirst* Program brings together resources and knowledge from a variety of sectors. These sectors include the federal government, the provincial government, municipalities, and community-based organizations. Co-ordination with other agencies and initiatives brings together resources and knowledge to provide an integrated, comprehensive approach to assist vulnerable families to nurture their children.

We have accomplished much and our vision remains clear: children will have the best possible chance to get a healthy start in life. All children should have the best possible early learning experiences, and families should have support and assistance in their communities. We are committed to achieving the actions included in this plan. We will report back to the people of Saskatchewan on the progress we have made following year-end.

Deb Higgins
Minister of Learning

Graham Addley
Minister of Healthy Living Services

About the *KidsFirst* Strategy

Saskatchewan's *KidsFirst* Program, first announced by the Government in April 2001, is a key interdepartmental initiative designed to support vulnerable families in developing the capacity to nurture their children. The program involves a comprehensive, research-based and strategic array of prevention and early intervention initiatives that focus on providing services for children prenatal to age five, and their families, who are most vulnerable due to their social and economic circumstances. Emphasis is also placed on the prevention of Fetal Alcohol Spectrum Disorder (FASD). This approach is founded on the knowledge that our overall health, well-being and coping skills as adolescents and adults are strongly influenced by the quality of care we receive in our early years.

KidsFirst services support the healthy growth and development of our most vulnerable children by providing intensive supports to families in nine communities across the province where the need is greatest – that is, where the greatest concentration of vulnerable families exists. The nine targeted communities that receive *KidsFirst* funding are: Meadow Lake, Moose Jaw, Nipawin, the North, North Battleford, Prince Albert, Regina, Saskatoon, and Yorkton. Other communities in Saskatchewan will benefit from better integration of existing services.

Early childhood community developers work with community stakeholders and partners to develop an inventory of currently available services, establish partnerships and protocols for referrals from the Birth Screening Program, determine the capacity of the community in providing services to vulnerable families, and assist the community in realignment of current services to address unmet needs.

KidsFirst Program components are:

- Prenatal casefinding – works with pregnant women to ensure they are receiving nutritional supplements and appropriate medical care
- In-hospital screening – newborns and their families participate to allow service providers to maximize benefits to families
- In-depth assessment – families participate to allow service providers to focus efforts for maximum benefit
- Home visiting – supports *KidsFirst* families to enhance the development of their children
- Early learning opportunities children participate to enhance learning
- Access to child care – enables families to participate in skills training and the workforce
- Dedicated mental health and addictions services – meets families' needs
- Community-based supports – enhances family knowledge, includes literacy, parenting skills, social support and nutrition education

The provincial government and the communities that receive *KidsFirst* funding share management of the *KidsFirst* Strategy. Within the provincial government, two departments contribute resources to the Strategy. The Department of Health funds birth screening, assessment, and the home visiting program, as well as enhanced mental health, alcohol and drug services. The Department of Learning funds early learning programs and houses the Early Childhood Development Unit. Additionally, the Department of Community Resources (DCR) as well as the Department of First Nations and Métis Relations provide advice in relation to the Strategy.

The Department of Learning is responsible for leading the ongoing performance management and policy development of the Strategy on behalf of the provincial government. Each community has a *KidsFirst* Management Committee with either a local school division or health region as the accountable partner. Typically, these committees are made up of representatives from the health region, school division, regional Community Resources office, and First Nations and Métis organizations.

A partnership agreement exists between the provincial government and each accountable partner, outlining the responsibilities of each party. The provincial government sets policy and program direction, allocates funding, approves community plans, and tracks and reports on the expenditures and progress of the program. The local accountable partner, working in partnership with the local *KidsFirst* Management Committee, is responsible for the continued development and implementation of the *KidsFirst* Program at the local level, within the overall framework provided by the Province. Local communities are accountable to the provincial government and report regularly on the progress of and expenditures for community initiatives.

Further information regarding the Province's Early Childhood Development Strategy and the *KidsFirst* Program can be obtained at http://www.learning.gov.sk.ca/branches/elcc/.

Plan at a Glance

The 2006-07 *KidsFirst* Strategy is the third performance plan for the *KidsFirst* Program. It outlines the goals and objectives that will guide our efforts over the next several years, as well as the specific actions we plan to undertake in the next year to help fulfill our objectives. The 2006-07 Plan continues the work undertaken in the 2004-05 Plan. While this is a multi-year plan, the plan will continue to evolve over the next several years in response to emerging challenges and opportunities within communities, the overall effectiveness of the *KidsFirst* Program, as well as the feedback we receive from our partners in communities and from participating families. Work also continues to define a set of measures to help gauge progress to fulfilling the objectives of the program. The provincial government provides updates to the public in the Annual Early Childhood Development Progress Report.

Stakeholder consultation is ongoing. For example, in 2005-06, *KidsFirst* communities, through the program managers and management committees, provided input into the ongoing development of the performance plan. As well, *KidsFirst* targeted communities have played a key role in the development of the mental health and addictions component of the program, the protocols for work with Teen and Young Parent, and Child Protection Services of DCR, development and implementation of a provincial client satisfaction tool, and the training strategy for the *KidsFirst* service providers. Collaboration and consultation with the community partners is an essential component of the philosophy of the *KidsFirst* Program.

KIDSFIRST VISION

Children living in very vulnerable circumstances enjoy a good start in life and are nurtured and supported by caring families and communities. In targeted high-needs communities, supports and services are provided through partnerships between families, communities, service organizations and governments.

GOAL 1

Children in very vulnerable situations are born and remain healthy

OBJECTIVE 1 – *Pregnant women in the program access adequate prenatal care*

Performance Measures

- Percentage of pregnant women enrolled in the *KidsFirst* Program that increase the number of prenatal education components they access
- Percentage of pregnant women enrolled in the *KidsFirst* Program that increase the number of prenatal health care components they access
- Percentage of pregnant women enrolled in the *KidsFirst* Program that increase access to prenatal supplements

OBJECTIVE 2 – *Primary caregivers address their mental health and addiction issues*

Performance Measure

- Percentage of families within the *KidsFirst* Program who participate in mental health and addiction services

OBJECTIVE 3 – *Children maintain good physical health status or improved health status over time*

Performance Measure

- Percentage of families current with recommended check-up schedule for their infant after admission into the *KidsFirst* Program

GOAL 2

Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families

OBJECTIVE 1 – *Social support networks, housing, food security, education, employment and income for families will improve over time*

Performance Measures

- Percentage of *KidsFirst* families whose level of social support improves over time
- Families with adequate food security in the *KidsFirst* Program
- Increased education, skills training and literacy
- Increased employment status

OBJECTIVE 2 *– Family interactions improve over time*

Performance Measures

- Percentage of *KidsFirst* families with realistic expectations of age-appropriate behaviour when exhibited by the child
- Percentage of *KidsFirst* families that exhibit and express positive acceptance of the child
- Percentage of *KidsFirst* families that have no impediments in order to be motivated and responsible for meeting the needs of the child
- Percentage of *KidsFirst* families in which the adult caregivers provide appropriate amounts of emotional nurturance and support to the child and family members

OBJECTIVE 3 *– Families develop and maintain a safe and secure home environment*

Performance Measures

- Percentage of *KidsFirst* families who have taken action to improve the safety of the living conditions of their home
- Percentage of *KidsFirst* families who have taken action to ensure they are living in suitable rental housing
- Percentage of *KidsFirst* families living in stable housing for the foreseeable future

GOAL 3

Children living in very vulnerable situations are supported to maximize their ability to learn, thrive and problem solve within their inherent capacity

OBJECTIVE 1 *– Support and nurture children's ability to learn*

Performance Measures

- Comparative rate of child development using the Ages and Stages Questionnaire (ASQ)
- Comparative rate of child development using the Ages and Stages Questionnaire: Social/Emotional (ASQ-SE)
- Percentage of families using the Growing Great Kids (GGK) Curriculum

GOAL 4

Children living in very vulnerable situations are appropriately served by the KidsFirst program and supports

OBJECTIVE 1 *– Establish and maintain shared accountability mechanisms for processes and outcomes*

Performance Measure

- Number of program sites compliant with the *Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*

OBJECTIVE 2 *– Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive*

Performance Measure

- The performance measurement is under development

OBJECTIVE 3 *– Identify appropriate families in a timely manner and retain them in the program*

Performance Measures

- The rate of in-hospital screens per hospital live births in Saskatchewan
- The percentage of families that achieve an adequate level of self-sufficiency, resiliency or stability in order to leave the program

OBJECTIVE 4 *– Families are satisfied with KidsFirst services*

Performance Measure

- The level of parental satisfaction with *KidsFirst* services

2006-07 Financial Overview

The *KidsFirst* Program is the major component of the Province's response to the federal/provincial/territorial Early Childhood Development initiative announced in 2000. In addition to the *KidsFirst* Program, the Province's response includes support for licensed child care, pre-kindergarten and infant mortality programs. Funding for *KidsFirst* is allocated through the three participating departments, as shown below.

2006-07 APPROPRIATION	*(in thousands of dollars)*
Department of Health	$ 8,843
– Funding is provided for birth screening, assessment, and the home visiting program, as well as dedicated mental health, alcohol and drug services	
Department of Learning	5,190
– Funding is provided for early learning programs to enhance social development, school readiness, and the ability to learn	
– Funding is provided for enriched child care opportunities and early intervention programs	
– Funding is provided for operations of the Early Childhood Development Unit, information system support, research and training	
Total Appropriation	$ 14,033

Approximately $13.2 million (93.9 per cent of the 2006-07 budget) is transferred to the accountable partners (regional health authorities and school divisions) to deliver the *KidsFirst* Program in targeted communities. This also includes the funding of $660,000 provided to the accountable partners outside of the targeted communities for co-ordination of existing services. Funding of $333,000 is provided within the Department of Learning to support the information system and ongoing research, evaluation and training activities. The remaining $528,000 (3.8 per cent of the budget) is for the operation of the Early Childhood Development Unit (6.0 FTEs), which is responsible for overseeing the operation of the *KidsFirst* Program and other early childhood development initiatives on behalf of the provincial government.

Trends and Issues

PREVENTION AND EARLY INTERVENTION

The focus in early childhood development is on the quality of experience and care in children's early years which influences outcomes in later years. Current research in neuroscience has demonstrated that there is a strong link between brain development and early environmental influence. Most of the "wiring" in the human brain that supports lifelong learning, behaviour and health is in place by the age of six.[1]

Ultimately, the effects of negative early childhood experiences can be cumulative and become evident in problems with cognitive, emotional, physical and social development. These problems are not as visible in the child's early years, but may require intervention at a later time. Intervening early is the most effective means of addressing children's developmental needs and results in the most significant benefit in the long-term for children.[2] Prevention and early intervention result in long term beneficial effects in later life, such as improved educational attainment and performance, increased employment, improved social skills, reduced involvement in the criminal justice system, and better health. In a strategic plan for early childhood development, and specifically *KidsFirst*, there are many trends and issues that must be considered in order to be effective in making a difference for vulnerable children.

VULNERABLE CHILDREN AND FAMILIES

There are a number of social and/or economic circumstances that are detrimental to a child's development and well-being. The exact extent of children and their families living in very vulnerable circumstances in Saskatchewan is not known. However, the magnitude of vulnerability can be estimated by looking at the proportion of low-income families in the province. Children from families that are poor are at significantly higher risk for negative childhood outcomes. Children in low-income families are more likely to:

- live in substandard housing, problem neighbourhoods and poorly functioning families;
- demonstrate high levels of aggression;
- have health problems and delayed development; and
- not participate in cultural and recreational activity.

[1] *Guy, K.A. (ed.) 1997. "Our Promise to Children." Ottawa: Canadian Institute of Child Health.*

[2] *Norrie McCain, M. & Mustard, J. Fraser (1999). "Reversing the Real Brain Drain, Early Years Study."*

Low-income families are characteristically:

- young (24 years or under);
- have a female head of household;
- not married (single or other);
- unemployed or work less than 40 hours per week in low-paying jobs;
- poorly educated;
- consisting of mothers with one or more children;
- socially isolated from community supports;
- suffering from addictions; and
- prone to violence within their families

Within the communities targeted for *KidsFirst* funding, experience has shown that approximately one-half of families with newborns are eligible for the program. It is crucial to Saskatchewan's future that children and their families have access to supportive, respectful and culturally relevant early childhood development programs.

SCOPE OF THE KIDSFIRST PROGRAM

The target group for the *KidsFirst* Program is children, age prenatal to five, born to families in very vulnerable circumstances. The *KidsFirst* objective is to close the gaps in the service system that exist for families living in targeted communities and address the circumstances that prevent them from being able to function in mainstream society.

Responses are tailored on a case-by-case basis to provide only those supports that address each family's needs and build upon family strengths. The goal is for families to reach a level of strength and independence, as well as become linked with available services and support networks in their communities, without the need for further intensive supports such as *KidsFirst*.

Changes from 2005-06 Performance Plan

The goals and objectives included in the *KidsFirst* Strategy 2006-07 Performance Plan are unchanged from 2005-06. There are reductions to key actions for 2006-07, as many of the key actions are now included within performance measures.

The following key actions that were in the 2005-06 Plan are not included in the 2006-07 Plan:

- Admit 160 new pregnant women to the program over the course of the year, for a total of 355 prenatal program participants, because the program has reached capacity
- Ensure access to mental health and addiction services as required by families, as this is now captured under a performance measure
- Maintain 21 mental health and addiction workers to provide direct services to *KidsFirst* families, as the outcome of the number of mental health and addiction workers is now reported as a performance measure
- Provide family life education to client families where appropriate, because this key action is covered under the delivery of curriculum in the 2006-07 performance measure
- Provide education related to appropriate child safety measures and child discipline, as this key action is included within the delivery of curriculum in the 2006-07 performance measure
- Maintain 252 child care spaces
- Maintain 160 early learning opportunities, because the strategy implementation has focused efforts on enhancing the quality of early learning opportunities as determined by the local community needs rather than increasing the absolute number of early learning opportunities
- Enrol 557 new postnatal families in the program, for a total of 1,119 families, because the program has reached capacity
- Monitor the effort undertaken to engage families in the program prior to discharge due to 'lack of engagement' and 'unable to contact,' due to uncertainty of data sources

The following measures are added to the plan for 2006-07:

- Families are current with the recommended 'check-up' schedule for primary infant after admission into the program
- Social support level for *KidsFirst* families improves over time
- Education and employment status for *KidsFirst* families improves over time

- Home safety, suitability and stability for *KidsFirst* families improves over time
- Comparative rate of child development
- Number of families retained in *KidsFirst* until the family develops self-sufficiency, resiliency, or stability required to leave the program

Other changes include:

- Ensure pregnant women in the program have access to prenatal supplements. This key action has been amalgamated with the key action for access to prenatal care and education programs as a performance measure
- Wording has been changed on the key action regarding pregnant women's access to appropriate mental health and addiction services to a performance measure regarding overall numbers of families within the *KidsFirst* who participate in Mental Health and Addictions Services
- Broaden family access to healthy and stable food resources, because this action is covered under the performance measure for 2006-07
- Track early learning activities and child progress, has been changed to reflect 'Positive Parenting Practice Assessment'
- Adjust local program delivery based on parental feedback gained through local satisfaction surveys and evaluations, as well as through the province-wide survey, has been changed to the performance measure of parental satisfaction with the *KidsFirst* Program

Goals, Objectives, Actions and Measures

This section provides the detailed 2006-07 Performance Plan for the *KidsFirst* Strategy. Under each goal below, a number of objectives have been established that support progress towards the broader vision statement. For each objective, a set of key actions has been identified that will be completed in 2006-07. The 2006-07 Strategy builds on the actions undertaken within the 2004-05 Strategy. These key actions are the means for making progress on the objectives. A set of performance measures has been developed to gauge progress towards meeting each objective.

The number of families participating in the *KidsFirst* Program is the key cost driver for the *KidsFirst* Strategy. Accountable partners are provided funding each year based on the total Early Childhood Development budget allocation. The capacity of the program to provide services to the client families is dependent on the level of funding provided. All program sites are currently operating at capacity. The 2006-07 funding level will sustain this level of capacity.

After four years of operation, the *KidsFirst* Program is now fully operational and has reached capacity within the current resources. Consistent with other programs of this complexity, the program has achieved a stable level of functioning; therefore, the actions and activities of the program can now be evaluated. The electronic data tracking system has been implemented and the outcomes for the program participants have been tracked. The provincial government has worked with targeted communities to define a core set of performance measures and baselines to assist in measuring progress in relation to the Strategy.

GOAL 1

Children in very vulnerable situations are born and remain healthy

OBJECTIVE 1– *Pregnant women in the program access adequate prenatal care*

For children to be born healthy, their mothers must also be healthy. The target group for this component of the program is pregnant women vulnerable to alcohol and/or drug use during pregnancy. Because these women are not referred until they are already pregnant, intervention focuses on reducing the effects of alcohol or drugs on the fetus by the provision of adequate nutrition and prenatal care. As well, the aim is to have subsequent pregnancies alcohol and drug free.

Key Actions for 2006-07

- Ensure pregnant women in the program have access to prenatal supplements.
- Ensure pregnant women and their families have access to prenatal care and education programs.

What are we measuring?	Where are we starting from?
Percentage of pregnant women enrolled in the *KidsFirst* Program that increase the number of prenatal education components they access	64.83% *[2004-05 Baseline]*
Percentage of pregnant women enrolled in the *KidsFirst* Program that increase the number of prenatal health care components they access	95.91% *[2004-05 Baseline]*
Percentage of pregnant women enrolled in the *KidsFirst* Program that increase access to prenatal supplements	Under development

Three components of prenatal care are identified within the *KidsFirst* Program – prenatal education, prenatal health care, and prenatal supplements. Prenatal care influences the physical and cognitive abilities of the child. The care of each child must start at conception and be continued consistently to term to ensure the best possible outcomes for the child. In the long term, effects of positive early prenatal care are optimal developmental outcomes for infants. If women do not receive adequate care while pregnant, they may be at risk for pregnancy complications as well as negative birth outcomes such as stillbirths, low birth weight babies and infant deaths.

The target population of the *KidsFirst* Program typically does not access adequate prenatal care. Prenatal care offered to *KidsFirst* clients can be delivered in a non-traditional manner and come from non-traditional sources, overcoming some of the psychosocial and socio-economic barriers (transportation, lack of information regarding program availability, fear of traditional service providers, social stigmatization) to access the available services. These non-traditional prenatal care delivery methods are tracked within the data in addition to the traditional medical model delivery of prenatal components. Other factors that may influence this measure are the availability of services provided by agencies within the community (regional health authority, community-based organizations, Canadian Prenatal Nutrition Plan, etc.)

OBJECTIVE 2 – *Primary caregivers address their mental health and addiction issues*

It is particularly important to address issues of alcohol and drug use by pregnant women because of the effects of these substances on the developing fetus. These issues need to be addressed holistically. Prenatal supplements can reduce the effects of alcohol use during pregnancy and can also help engage vulnerable women in the program.

It is also important to engage postnatal families in addressing substance abuse and mental health issues in a holistic way. Specifically, postpartum depression is a common challenge among *KidsFirst* families.

Key Actions for 2006-07

- Ensure pregnant women in the program have access to appropriate mental health and addiction services.
- Ensure access to mental health and addiction services as required by families.

What are we measuring?

Percentage of families within the *KidsFirst* Program who participate in mental health and addiction services

Where are we starting from?

Under development

Entry into mental health and addictions services is a major step forward for the *KidsFirst* client. This work allows the client to move towards mental health, defined as *'a state of well-being in which the individual realizes his or her own abilities, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.'*[4]

There is a link between prenatal substance abuse and the loss of ability to provide appropriate care for their children. Parents with mental health issues face different but equally significant challenges in providing consistent and appropriate care for their children. Engaging families in a support system that addresses issues of substance use and/or mental health is important to avoid negative impacts on fetal and child development, parent/child interactions and overall family functioning.

While it is always possible that families would have accessed substance abuse and addictions supports or mental health services on their own, it is reasonable to assume that *KidsFirst* supports are important in engaging clients. Experience within Saskatchewan regional health authorities indicates the Aboriginal population comprises approximately 90 per cent of *KidsFirst* families, is underrepresented in utilizing voluntary mental health and addiction programs. Conversely, the Aboriginal population is over-represented in mental health and addictions treatment programs ordered by the courts.

***OBJECTIVE 3** – Children maintain good physical health status or improved health status over time*

We know from studies reported in academic literature that families in lower socio-economic categories experience poorer health status than families in more favourable circumstances. They often wait until health problems are quite serious before seeking medical help. This leads to problems such as increased infant hospitalizations. As well, there is a higher use of emergency health services. These vulnerable families also experience many barriers to accessing preventative health practices such as prenatal care, child immunization, and screening for optimal growth and development for their children.

Key Actions for 2006-07

- Enable client families to access immunization for their children.
- Provide education regarding the benefits of consistent primary health care.

What are we measuring?	**Where are we starting from?**
Percentage of families current with recommended check-up schedule for their infant after admission into the *KidsFirst* Program	Under development

[4] World Health Organization, 1999.

Studies show that children who receive preventative care have been found to have fewer health problems than children who do not receive consistent and ongoing preventative care. *KidsFirst* counsels families on the importance of regular preventive check-ups for their infants. The program may provide support services (child care, transportation and communication) to ensure families have access to these check-ups. Public Health also encourages families to attend clinics to seek regular medical check-ups.

GOAL 2

Children living in very vulnerable circumstances are supported and nurtured by healthy, well functioning families

OBJECTIVE 1 – *Social support networks, housing, food security, education, employment and income for families will improve over time*

While this objective states some very important outcomes for this program, it should be noted that there are limitations to the level of influence the *KidsFirst* Program can have on achieving them. Through intensive supports provided via the home visiting component of the program, families will receive assistance in making many important linkages to programs and services outside of *KidsFirst* that offer opportunities for improvements to housing, food security, education, employment and income levels. The progress families make in realizing these improvements will largely be dependent on the actions taken within those external programs and services.

Key Actions for 2006-07

- Provide supports to families which promote development of social support networks.
- Assist families to access skills development, training and education resources, including family literacy programs.
- Broaden family access to healthy and stable food resources.
- Facilitate families' access to available benefit programs.

What are we measuring?	**Where are we starting from?**
Percentage of *KidsFirst* families whose level of social support improves over time	57.90% *[2004-05 Baseline]*

Having someone to turn to for advice, moral support and tangible assistance increases a family's ability to be a strong nurturing unit. Children in well-functioning families experience more positive peer relationships and skills, higher levels of happiness and better school adjustment as well as less resistance, avoidance and anxious behaviours. Social isolation or weak social supports have been linked to depression, a sense of parental incompetence and frustration with the parenting role.

KidsFirst sponsors and supports activities designed to address the social isolation that many of the client families experience. In an atmosphere that is welcoming and safe, *KidsFirst* families are provided a range of opportunities to build new connections and friendships, as well enhance skills to strengthen existing sources of support in their lives.

What are we measuring?	**Where are we starting from?**
Families with adequate food security in the *KidsFirst* Program	73.71% *[2004-05 Baseline]*

Adequate food security is defined as having fairly secure access to food in the present and foreseeable future. Access to food forms the foundation for the social determinants of health and proper nourishment and nutrition supports healthy brain development in young children. *KidsFirst* supports families in acquisition and preparation of appropriate foods, both directly and indirectly, through encouraging access to food banks, community kitchens, Good Food Box programs, instruction in food preparation, budgeting and ensuring appropriate income support levels from social service providers.

This measure is influenced by the level of support available within the community, the family's income level and other basic costs of living incurred by the family, such as housing and transportation.

What are we measuring?	**Where are we starting from?**
Increased education, skills training and literacy	Under development
Increased employment status	Under development

Tracking improvements in the education levels of *KidsFirst* participants provides a proxy for anticipated improvements in family income status. The program itself has no direct influence on income levels, but provides some conditions and encouragement that can help to stabilize and increase income for this population. Supports include transportation and child care to encourage improved skills training and education, as well as labour force attachment.

***OBJECTIVE 2** – Family interactions improve over time*

In order to develop good social and emotional health, it is important that children be nurtured by socially and emotionally healthy caregivers. Many of the families in the target group are struggling with these issues because of other stresses in their lives and/or because of the lack of positive role models during their own childhood. Despite their desire to be good caregivers, many of these families have not had the opportunity to learn the parenting skills to develop good relationships with their children. This can lead to poor parent child attachment, difficult child behaviors and poor emotional and social development of the child.

Key Actions for 2006-07

- Ensure access to existing community services targeted at development of stronger parenting skills.
- Refer families who identify violence as an issue to appropriate service providers.
- Ensure the program is compliant with The Provincial Child Abuse Protocol.

What are we measuring?	**Where are we starting from?**
Percentage of *KidsFirst* families with realistic expectations of age-appropriate behaviour when exhibited by the child	76.20% *[2004-05 Baseline]*
Percentage of *KidsFirst* families that exhibit and express positive acceptance of the child	83.48% *[2004-05 Baseline]*
Percentage of *KidsFirst* families that have no impediments in order to be motivated and responsible for meeting the needs of the child	79.93% *[2004-05 Baseline]*
Percentage of *KidsFirst* families in which the adult caregivers provide appropriate amounts of emotional nurturance and support to the child and family members	58.97% *[2004-05 Baseline]*

Supportive parent-child relationships begin during infancy with the attachment process. *KidsFirst* home visits focus on developing strong attachments between parents and children. Adult caregivers are the primary architects of children's first close relationships. Close emotional attachments provide a haven of security in times of danger and a secure base for exploration when danger is absent. Attachment relationships also form the foundation for positive social relationships with others. Caregivers receive suggestions from many sources about how to nurture their children.

This measure assumes that positive parenting practises can be measured from an outside perspective at a point in time. The behaviour of the caregiver may change with the presence of the assessor. There is no mechanism to determine if the behaviours displayed during the assessor's presence are consistent over time.

OBJECTIVE 3 *– Families develop and maintain a safe and secure home environment*

Injuries are a significant cause of hospitalization of children. It is important for families to have access to information that enables them to ensure that their home is safe for children in order to reduce injuries.

Key Actions for 2006-07

- Provide education related to housing and home safety.

What are we measuring?	**Where are we starting from?**
Percentage of *KidsFirst* families who have taken action to improve the safety of the living conditions of their home	85.97% *[2004-05 Baseline]*
Percentage of *KidsFirst* families who have taken action to ensure they are living in suitable rental housing	81.43% *[2004-05 Baseline]*
Percentage of *KidsFirst* families living in stable housing for the foreseeable future	69.45% *[2004-05 Baseline]*

Children thrive in environments that are safe, filled with positive stimuli and adequate space for play and learning. Engaging families in activities that will help address home safety and security issues is important in order to establish a home environment that is safe. Suitable, stable and adequate housing supports the social, emotional, cognitive and physical development of children and families.

Clients may be unaware that certain items present health and safety risks to their children. Education by home visitors provides a major influence on change in this area. Activities may include child proofing cupboard doors, removing sharp or dangerous objects from the play area, safety plugs in electrical outlets, working smoke detectors, safety rated cribs, removal of small articles that could choke or be ingested and the use of car seats.

GOAL 3

Children living in very vulnerable situations are supported to maximize their ability to learn, thrive and problem solve within their inherent capacity

***OBJECTIVE 1** – Support and nurture children's ability to learn*

Encouraging stimulating environments, play-based learning, and identifying and supporting *KidsFirst* children with special needs will promote healthy cognitive development. Research indicates the importance of integrating early learning, child care and parenting support elements to improve children's ability to learn. Some families may identify structured care and learning environments outside the home as an initial necessary support while they address their own social or economic challenges.

A major obstacle to the timely delivery of early intervention services is the early and accurate identification of infants and young children who have developmental delays or disorders.

Key Actions for 2006-07

- Track early learning activities and child progress.

What are we measuring?	Where are we starting from?
Comparative rate of child development using the Ages and Stages Questionnaire (ASQ)	Under development
Comparative rate of child development using the Ages and Stages Questionnaire: Social/Emotional (ASQ-SE)	Under development

The *KidsFirst* Program provides enhanced early learning opportunities for children to enhance their developmental levels and maximize their cognitive development capacity as appropriate for their age.

This measure provides an overview of the level of development of the children within the *KidsFirst* Program.

What are we measuring?	Where are we starting from?
Percentage of families using the Growing Great Kids (GGK) Curriculum	Under development

The *KidsFirst* Program encourages families to enhance their parenting skills through a variety of mechanisms. The Growing Great Kids (GGK) curriculum helps parents and home visitors create effective and appropriate situations where children can learn and develop. Curriculum delivery is a mandatory component of the program. The curriculum is delivered to families with children aged zero to three years. Additionally, partnership with agencies, such as the Early Childhood Intervention Program (ECIP), provide specialized supports, is important to the success of *KidsFirst* families with developmentally challenged children.

GOAL 4

Children living in very vulnerable situations are appropriately served by the KidsFirst Program and supports

***OBJECTIVE 1** – Establish and maintain shared accountability mechanisms for processes and outcomes*

Saskatchewan has taken a community partnership approach to the development and implementation of *KidsFirst*. Leadership of the *KidsFirst* Program is shared by the Province and the communities receiving *KidsFirst* funding. These communities are accountable to government for reporting on progress and expenditures for the program.

Implementation of the electronic data collection system occurred during 2005-06, later than the original target of mid-2004. The system will enable development of baseline information and performance targets, reporting on results for 2004-05, and reporting for future fiscal years. The data collected will provide information regarding the program impacts and enable the reporting on the outcome indicators identified in the strategic plan.

Key Actions for 2006-07

- Ensure long-term program sustainability of community *KidsFirst* annual plans.
- Ensure program participation is compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*.
- Implement Phase II of the *KidsFirst* Information Management System (KIMS) to measure performance of the program in relation to the objectives of the program.
- Prepare and publish reports to the public on investments and progress in accordance with provincial and federal requirements.

What are we measuring?

Number of program sites compliant with *The Freedom of Information and Protection of Privacy Act* and *The Health Information Protection Act*

Where are we starting from?

Annual Report

OBJECTIVE 2 *– Create and maintain a service system for early childhood development that uses a community development approach, is built on existing services, and is integrated, comprehensive, innovative, flexible and inclusive*

Home visiting programs are based on the belief that a knowledgeable resource can connect vulnerable clients with community services appropriately, consistently, and in a timely fashion. Success is in part a function of program delivery in the home. It is also a function of the integration of the *KidsFirst* Program into the community. This objective intends to capture the different dimensions of successful integration.

Key Actions for 2006-07

- Ensure maintenance of appropriate representation on the local management committees, with particular emphasis on Aboriginal representation.
- Continue building partnerships at the community level to effectively provide supports to *KidsFirst* families.
- Continue work at the interdepartmental level for integration of complementary programs that support children and families.

What are we measuring?	**Where are we starting from?**
Under development	Under development

OBJECTIVE 3 *– Identify appropriate families in a timely manner and retain them in the program*

Because the *KidsFirst* Program is targeted to families in very vulnerable circumstances, it is important that processes for the determination of eligibility are effective in selecting appropriate families. The use of "appropriate" in this objective statement refers to selecting the most vulnerable families for whom the program was intended.

Key Actions for 2006-07

- Strive towards the universality of screening babies at birth that are born in Saskatchewan.
- Provide appropriate training for screening personnel within targeted community hospitals.

What are we measuring?	**Where are we starting from?**
The rate of in-hospital screens per hospital live births in Saskatchewan	64.80% *[2004-05 Baseline]*

The in-hospital screening after birth is an important tool in identifying candidates for the *KidsFirst* Program. The screening tool is also valuable in assisting service providers to connect families with the most appropriate services available in their community.

What are we measuring?	**Where are we starting from?**
The percentage of families that achieve an adequate level of self-sufficiency, resiliency or stability in order to leave the program	Under development

Families establish goals related to the *KidsFirst* Program objectives. Accomplishing these goals is personalized to each family within the program. The ultimate goal of the *KidsFirst* Program is to enable families to achieve a level of positive family functioning that optimizes their ability to nurture their children in the context of the family.

The ability of each family to achieve self-sufficiency is contingent upon many programs, services and influences outside the control of *KidsFirst*, including the motivation of the family to achieve the goals it has set out.

***OBJECTIVE 4** – Families are satisfied with KidsFirst services*

Measuring satisfaction with the services provided is important to ensuring that programs offered are relevant to and meaningful for the participants. Several *KidsFirst* sites have undertaken client satisfaction surveys in order to implement improvements on a local basis. While implementation of the survey was originally intended for 2004-05, this was delayed in order to work extensively with the nine communities on development of the tool. The provincial component of the parent satisfaction survey will be implemented in collaboration with the nine sites.

Key Actions for 2006-07

- Implement a parent satisfaction survey for all *KidsFirst* targeted communities.

What are we measuring?	**Where are we starting from?**
The level of parental satisfaction with *KidsFirst* services	Under development

There is a balance between effectiveness and popularity/good feelings. The degree of satisfaction in one area of a family can be influenced by perceptions that program participants may have on other related or unrelated aspects of their life experiences. The perception of families regarding the adequacy of support received can be affected by their preconceptions regarding their expectations of the program.

For More Information

If you would like to obtain further information, ask questions or provide comments on this plan, please contact:

Early Childhood Development Unit
Saskatchewan Learning
2220 College Avenue
Regina, Saskatchewan
S4P 4V9

Tel: (306) 787-6532
Fax: (306) 787-0277

Website: http://www.learning.gov.sk.ca/branches/elcc/

Inquiry: webmaster@learning.gov.sk.ca